



**IMPORTANT**

#494

REF 605

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Ideal Engine Rebuilders Inc.  
 Somerville Address and Zip Code: 96 Dover St Somerville MA 02144  
 Phone Number of the Business: 617-666-3737

The Legal Name of the License Holder: Dennis Serrano  
 Street Address of the License Holder: 96 Dover St  
 City, State and Zip Code of the License Holder: Somerville MA 02144  
 Phone Number of the License Holder: 617-470-8384 - 781-246-5834  
 Email Address of the License Holder: dennis@IdealAutoRepair.com

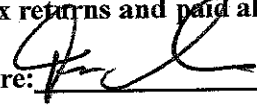
Where We Should Send Mail: Name: Dennis Serrano  
 Street Address: 96 Dover St  
 City, State and Zip Code: Somerville MA 02144  
 Email: dennis@IdealAutoRepair.com  
 Phone Number: 617-666-3737

Federal ID # (Do Not Give a Social Security #): 042282279

Emergency Contact and Phone (For Fire Dept. Use): 617-470-8384 / 781-246-5834

Type of Business (Check Only One and Give the Names Indicated):  
 Sole Proprietor: Name of Owner: \_\_\_\_\_  
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_  
 Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
 Corporation (inc. LLC): Name of President: Dennis Serrano  
 Name of Secretary: SAME  
 Name of Treasurer: SAME  
 Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT:** I hereby certify under the penalties of perjury that the following is true:  
 -All information shown above is true and accurate.  
 -Any changes above are subject to the approval of the Somerville Board of Aldermen.  
 -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 3/22/12

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Ideal Engine Rebuilders Inc.

\* Signature of Individual or Corporate Name (Mandatory)

J. J. [Signature] President

By: Corporate Officer (Mandatory, if a corporation)

042282279

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Ideal Engine Rebuilders Inc.

Address of taxpayer/applicant's business in Somerville: 100 Dover St

Address of taxpayer/applicant's home in Somerville: NONE

Taxpayer/applicant's phone: day: 617-666-3737 evening: \_\_\_\_\_

I, (print name) Ideal Engine Rebuilders Inc, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:


Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

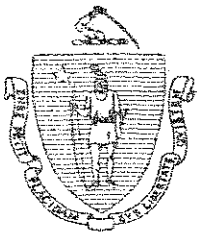
# 19612113      # 32205001      # 800902      # \_\_\_\_\_  
4634

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

 **RECEIVED**  
4-4-12



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Ideal Engine Rebuilders Inc  
 address: 100 Dover St  
 city: Somerville state: MA zip: 02144 phone # \_\_\_\_\_

work site location (full address): \_\_\_\_\_  
 I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment  
 Office  Sales (including Real Estate, Autos etc.)  
 I am an employer with 5 employees (full & part time).  Other Auto Repair facility

I am an employer providing workers' compensation for my employees working on this job.

company name: Ideal Engine Rebuilders Inc  
 address: 100 Dover St  
 city: Somerville MA phone #: 617-666-3737  
 insurance co. A.I.C. policy # WCC 5005659012011

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ phone #: \_\_\_\_\_  
 insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ phone #: \_\_\_\_\_  
 insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary.  
 Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.  
 Signature [Signature] Date 4/4/12  
 Print name DENNIS SERRANO Phone # 617-666-3737

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)